

**DESIGNATION OF BENEFICIARY
FOR ACTIVE MEMBERS ONLY
(If you are retired, DO NOT complete this form)**

**Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601-3800
(502) 848-8500**

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

In the event of my death, I direct the Board of Trustees of the Kentucky Teachers' Retirement System to pay the proceeds of my account to the person or persons named below:

1. _____
 Primary Beneficiary Social Security Number Sex Birthdate Relationship
 (*See instructions in box at bottom of page)

_____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

2. Co-Beneficiary Contingent Beneficiary Social Security Number Sex Birthdate Relationship

_____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

3. Co-Beneficiary Contingent Beneficiary Social Security Number Sex Birthdate Relationship

_____ _____ _____ _____
 Street Address, Box, or Route Number City State Zip

This Designation of Beneficiary has been executed on the _____ day of _____, 20_____, and is to remain in full force and effect until changed by me.

_____ _____
 Signature of Member Social Security Number

_____ _____ _____ _____
 Street Address, Box, or Box Number City State Zip Code

Marital Status: Single Married Divorced Widowed

NOTE: TWO ADULTS OTHER THAN YOUR BENEFICIARIES MUST SIGN AS WITNESSES TO YOUR SIGNATURE.

WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member) signing this Designation of Beneficiary and that such member has requested us to witness his or her signature as his or her free act and deed.

_____ _____
 Signature of Witness Signature of Witness

_____ _____
 Street Address, Box, or Route Number Street Address, Box, or Route Number

_____ _____
 City, State and Zip City, State and Zip

* COMPLETE IF APPLICABLE: I certify as the spouse of the applicant of this application, that I am aware I am not the named beneficiary, or am Co-Beneficiary of the account and would not be entitled to any benefits, or as Co-Beneficiary would share equally with the other named Beneficiaries under the Kentucky Teachers' Retirement System Survivor Benefit Program upon the death of the applicant. **Required by state law (KRS 65.154).**

_____ _____
 Signature Date

**READ ALL INSTRUCTIONS CAREFULLY
BEFORE COMPLETING YOUR BENEFICIARY DESIGNATION**

You have indicated a desire to change your beneficiary. This form may be used to designate only a natural person or your estate as beneficiary. In order to do so, please complete the entire form. Upon receipt, completed forms will be placed in your file. Please retain a copy for your records.

The filing of this designation revokes completely any prior designation of beneficiaries.

You must complete this form entirely and legibly in ink or type. All signatures must be in ink.

If you designate beneficiaries by name, **use complete names and not initials**. Use the first name of a married woman and not her husband's first name or his initials.

Two adults **other than your beneficiaries** must sign as witnesses to your signature.

BENEFICIARY DESIGNATION is for the purpose of carrying out, without doubt or question, the wishes of the member of the retirement system. To assist in carrying out your desires, the following forms of beneficiary designation are suggested, with clear concise wording to meet the most common situations.

- (1) **ONE BENEFICIARY:** "Mary Jane Doe, Wife."
- (2) **ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY OR CO-BENEFICIARY:** "Mary Jane Doe, my wife, if living, otherwise Richard Roe Doe, my son."
 - * **The Law requires that if you have a living spouse and you designate someone else as your beneficiary, or if you designate your spouse and someone else as a co-beneficiary, the spouse must sign to show that they are aware they are not the listed beneficiary or the sole beneficiary.**
- (3) **ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES:** "Mary Jane Doe, wife, if living, otherwise, Richard Roe Doe and Sarah Jane Doe, son and daughter, equally, or to the survivor."
- (4) **TWO BENEFICIARIES:** "James Henry Doe and Elizabeth Smith Doe, parents, equally or to the survivor."
- (5) **THREE OR MORE BENEFICIARIES:** "James Henry Doe, Elizabeth Smith Doe, and Henry Joe Doe, my father, mother, and brother, equally to the survivor or survivors."
- (6) **MEMBER'S ESTATE:** ". . . to my estate."

IMPORTANT! KRS 161.480 provides that marriage after filing of this Designation of Beneficiary automatically voids your current named beneficiary and your spouse becomes your beneficiary unless you file a new Designation of Beneficiary Form [F-1(c)] to the contrary. In the event of divorce, your estate becomes the beneficiary until a new Designation of Beneficiary Form is filed.

State Law requires the signature of the spouse if living and not named as beneficiary (KRS 65.154).

KRS 161.520 provides payment to any eligible survivors before refund of the account balance to the named beneficiary in the event of the member's death.